Disclosure Report Cover

1. Committee Information

a. Full Name

Amendment

Yes

No

c. ID Number

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

COMMITTEE TO RI-ELECT MILHAIL Alvarez

b. Malling Address (include City, State and Zip Code)

3024 PROVERDS CT RECEIVI

MONNOE, NI 2-8110 55 m 369 2. Report Year 3. Period Start Date (mm/dd/yy) | 4. Period End Date (Mh/dd/yy) | 53 Treasurer Full Name 12/31/2015 MILLIDEL LOUIS Alvarez 2015 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Municipal State/County Referendum ☐ Party PAC Referendum Organizational Organizational Organizational Pre-referendum Independent Expenditure Joint Fundraiser Quarterly Thirty-five day ☐ Final Legal Expense Fund Pre-primary First Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Special Booster Fund Semi-annual Fourth Building Fund Mid Year Semi-annual 10. Special Report Name Year End Mid Year Final Other: Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name . Financial Institution Full Name FCU Local Government o, Purpose e. Account Code b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes

No

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report LOMMITTER TO RE- Elect MUHORE 550036 FINA Total this Total this January 1, <u>20</u>18 Start of Election Cycle: Reporting Period Election Cycle 4) Cash on Hand at Start 155.94 RECEIPTS 0 5) Aggregated Contributions from Individuals (CRO-1205) \$ 'n 0 \$ 1,705.00 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) 0 Ô \$ 8) Contributions from Other Political Committees (CRO-1230) (1) \$ 310,00 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources ,017 11a) Interest on Bank Accounts (CRO-1250) $\mathcal D$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) O Ô \$ 0 11c) Outside Sources of Income (CRO-1250) \$ 0 11d) Legal Expense Fund - Other Sources 2-9 2016 (% 0 \$ (CRO-1270) 0 11e) Exempt Purchase Price Sales \$ (CRO-1265) 12) TOTAL RECEIPTS (Add lines 5,607,80950) 14,116,116,11d and 11e) \$ EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 1.521.84 \$ 0 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) \$ 13c) Coordinated Party Expenditures \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ ۵ (CRO-1420) 755-94 15) Loan Repayments \$ (CRO-1320) \$ 16) Refunds/Reimbursements from the Committee 0 (CRO-1510) \$ 17) In-Kind Contributions \$ \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 554.06 (CRO-1430) \$ 21) Outstanding Loans (incl. ones from other campaigns) 0 22) Debts and Obligations owed by the Committee (CRO-1610) \$ Ø 23) Debts and Obligations owed to the Committee (CRO-1620) \$ O 24) Account Transfers Within the Committee \$ (CRO-1720) (CRO-1710) \$ 25) Administrative Support \$ 755.94 \$ 755.99 \$ (CRO-1440) \$ 26) Forgiven Loans (CRO-2220) \$ \$ 27) 48-Hour Notice Reports Sum O \$ 28) Contributions to be Refunded (CRO-1215)

Statement of Organization Addendum

Page <u>1</u> of <u>1</u>

nei	ıdment		
]	Yes	\bowtie	No

Use this form to supply additional assistant treasurer information or additional account information. This form must be accompanied by form CRO-3500 if additional accounts are being reported.

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Committee to Re-Elect MIchae	l Alvarez			5JM369			
3. Assistant Treasurer Informa	ation	⊠ Add	4. Account Information	(incl. CRO-3500) Add			
a. Full Name		Remove	a. Financial Institution Full N	ame Remove			
Michael Alvarez				Standy brings filled trees.			
b. Mailing Address (include City, Stat	c, and Zip Code)		b. Purpose	MEGEIVEN			
3024 Proverbs Court				laki o o			
Monroe, NC 28110			JAN 2 9 2016				
c. Phone Number	d. Email Address		c. Account Code United Type Board of Elections				
828-290-4762	ınlalvarez0821@ yahoo.com)					
3. Assistant Treasurer Informa	ation	Add	4. Account Information	(incl. CRO-3500) Add			
a. Full Name		Remove	a. Financial Institution Full N	ame Remove			
Lars Knapp							
b. Mailing Address (include City, Stat	e, and Zip Code)		b. Purpose				
655 Powder Horn Lane Indian Trail, NC 28079							
c. Phone Number	d. Email Address		c. Account Code	d. Туре			
980-216-0154	lknapp@						
980-210-0134	live.unc.edu						
3. Assistant Treasurer Inform:	ation	Add	4. Account Information	(incl. CRO-3500) Add			
a. Full Name		Remove	a. Financial Institution Full N	ame Remove			
b. Mailing Address (include City, State, and Zip Code)			b. Purpose				
c. Phone Number	d, Email Address	-	c. Account Code	d Time			
C, I HOLL INGREDE	u, Eman Audress		c. Account Code	d. Type			
3. Assistant Treasurer Informa	ation	Add	4. Account Information	(incl. CRO-3500) Add			
a. Full Name		Remove	a. Financial Institution Full Name Remove				
b. Mailing Address (include City, Stat	e, and Zip Code)		b. Purpose				
c. Phone Number	d. Email Address		c. Account Code	d. Type			
CERTIFICATION							
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.							
Michael / Alva	127	V	i K	1/25/16			
Printed Name of Sign	er	Signa	ture of Appointed Treasurer	Date '			

Forgi	ven	Loans
~ ~	, •	

	1		1	Amendment				
Pg		of		☐ Yes	Ø	N	0	

Use this form to report any loan which has been forgiven by the lender. A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
committee to Rt-Elect M	uchase Alvatez	55m 369		
	Add Remove			
a. Fulf Name, Mailing Address & Phone	b. Comments LOAD From Con			
(include city, state, & zip)	LUHN TRUM COM	NDICE THE		
MICHAEL Alvaraz	c. Original Loan Date (mm/dd/yyyy) f. Election Sum to Date			
3024 Proverbs ct	09/23/2015	\$ 1310.00		
MONLOE, NC 28110	d. Original Loan Amount	g. Date (mm/dd/yyyy)		
	\$ 1310.00	4/25/2016		
	e. Remaining Loan Balance	h. Forgiven Amount		
	\$ 755.94	\$ 755.94		
3. Lender Information	Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zin)	b. Comments			
(include city, state, & zip)				
and decrease is a distance beautiful	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date		
RECEIVED		\$		
JAN 29 2016	d. Original Loan Amount	g, Date (mm/dd/yyyy)		
	\$	g, Date (miss dwyjy)		
Union Co. Board of Elections				
	e. Remaining Loan Balance	h. Forgiven Amount		
	\$	\$		
3. Lender Information	Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments			
(mende cry) smilly to 2.p/				
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date		
		\$		
	d. Original Loan Amount	g. Date (nun/dd/yyyy)		
	\$			
	e. Remaining Loan Balance	h. Forgiven Amount		
	\$	\$		
4. Total only this Page		\$ 755.94		
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)		\$		
The lender information should contain the same information as supplied	d on the original loan proceed statemen	1.		



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director RECEIVED JAN 29 2016

Union Co. Board of Elections

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	RE- Elect MICHAEL Alvaraz
Treasurer Name:	MICMARC Alvarez
Treasurer Address:	3024 Peoverbs CT
(include city, state, & zip)	MONROE, NC 78110
Treasurer Phone:	828-290-4762

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1 (2) - /16

Date Signed

Signature